

**FORM** LOB (Rev. 5/2013)



## 13 MAY 15 P4:56 HAWAII STATE ETHICS COMMISSION '13 MAY 1 LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

Dos Santos-Tam  Last Name  Hawaii Construction Alliance  Lobbyist Firm/Employer  PO Box 179441  Mailing Address (Number and Street or P.O. Box)  Honolulu  HI	F. M.I.
LOBBYIST INFORMATION  Dos Santos-Tam  Last Name  Hawaii Construction Alliance  Lobbyist Firm/Employer  PO Box 179441  Mailing Address (Number and Street or P.O. Box)  Honolulu  HI	F. M.I.
Dos Santos-Tam  Last Name  Hawaii Construction Alliance  Lobbyist Firm/Employer  PO Box 179441  Mailing Address (Number and Street or P.O. Box)  Honolulu  HI	M.I.
Last Name First Name  Hawaii Construction Alliance  Lobbyist Firm/Employer  PO Box 179441  Mailing Address (Number and Street or P.O. Box)  Honolulu  HI	M.I.
Hawaii Construction Alliance Lobbyist Firm/Employer PO Box 179441  Mailing Address (Number and Street or P.O. Box) Honolulu  HI	
Lobbyist Firm/Employer PO Box 179441  Mailing Address (Number and Street or P.O. Box)  Honolulu  HI	
PO Box 179441  Mailing Address (Number and Street or P.O. Box)  Honolulu HI	
Honolulu HI	
Honolulu HI	
,	
City State	96817
	Zip Code
(808) 348-8885 execdir@hawaiiconstruction	onalliance.org
Telephone Extension Email Address	
Organization's Names  Organization Names  Organization Names  Organization Names	Oher Districtions Constitution
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## **EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY** List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG		Amount or Value
None.			
Check here if addition	onal sheets are attached		1
	TURES OF \$150 OR MORE P bbyist for the purpose of lobbying in the	<b>ER PERSON</b> total sum of \$150 or more per person du	ring the statement period.
Name	On Behalf of ORG		Amount or Value
None.			
Check here if addition	onal sheets are attached		
PART II. CONTRIBUTION List all contributions received by lo		total sum of \$25 or more per person dun	ing the statement period.
Name	On Behalf of ORG		Amount or Value
None.			
Check here if addition	onal sheets are attached		
PART III. SUBJECT ARE Legislative and/or administrative a		rted or opposed during the statement p	eriod:
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	✓ Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Mousing	Public Safety & Corrections	<del></del>
AUTHORIZED PERSON			
Tyler F. Dos Santos	s-Tam	Executive Director	5/14/2013
Print Name of Authorized Person (First M.I. Last)		Title	Date (m/d/yyyy)
CERTIFICATION: By che and the information contains	ecking this box, you signify and affirm the	hat you are the person whose name ap	pears as the "Authorized Person" above belief. You further certify that you

understand that there are statutory penalties for failing to report the information required by Hawaii law.

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